

Name in Full		Certificate of Death			
Carrie Louise Blake		MARYLAND			
Died at ^{Town} Rock Hall		^{County} Kent			
Date of death 1908		Month Feb	Day 11	Age	Years
				Months 6	Days 17
Sex Female		Color or Race Black		Birth-place Kent Co Md	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Charles H Blake		Father's Birthplace Kent Co Md			
Mother's Maiden Name Edith Pratt		Mother's Birthplace Kent Co Md			
Name of person giving information Charles H Blake		How related to deceased Father			
2		CAUSES OF DEATH		93	
Primary Pneumonia		How long 2 weeks			
Immediate Exhaustion		How long 1 week			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. H. Schwatka M.D.			
		Address Rock Hall Kent Co Md			
Accident or Suicide? No					



Name
in
Full

CERTIFICATE OF DEATH

Mary Ann Bramble

MARYLAND

Died at *Early Lane near Tanke* *Kent* County

Date of death 1909 Feb. 12 Age 66 Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *House work* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Bramble* Father's Birthplace *unknown*

Mother's Maiden Name *Margitta Lawrence* Mother's Birthplace *unknown*

Name of person giving Information *Jefferson Ferguson* How related to deceased *son*

CAUSES OF DEATH

Primary *Acute Indigestion* How long *104* 12 hrs.

Immediate *Pneumonia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Frank W. Smith*

Address *Tanke Ind*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Chertstone

J. E. F.

Name
in
Full

Mary Howard Burchinal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cheshtown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>Feb.</u>	Day <u>8</u>	Age <u>78</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Del.</u>		
Occupation <u>House hold</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Jno. H. Burchinal</u>			Father's Birthplace <u>Del.</u>		
Mother's Maiden Name <u>Eliza Burton</u>			Mother's Birthplace <u>Dover, Del.</u>		
Name of person giving information <u>Mrs. M. De K. Smith</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Arterio-sclerosis -</u>	How long <u>Observed for</u>
	<u>Cerebral softening -</u>	<u>a year or more</u>
	<u>Smile, gangrene and Cellulitis</u>	How long <u>Several months</u>
	Immediate <u>Probably, Septic Endocarditis</u>	<u>20 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Harry L. Poores</u>
		Address <u>Cheshtown, Md.</u>
<u>Accident or Suicide?</u>		

Charles Dodd

Name
in
Full

James Cann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Christentown		County Kent		MARYLAND	
Date of death		Month 1909	Day Feb	Age	Years 26	Months —	Days —
Sex		Male		Color or Race		Coul	
Occupation		None		Birth-place		Md	
Where Residing if not at place of death		—					
Married, Single or Widowed		Widowed		Name of Wife or Husband		Mary Miller	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving Information		Emmanuel Cann		How related to deceased		Son	

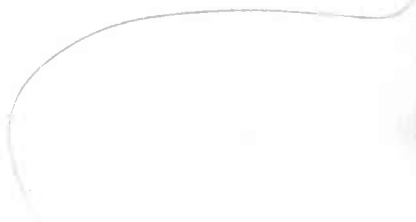
CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	1 day
Immediate	Crown		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Christentown	
Accident or Suicide		No		

Chas. L. Todd



Name
in
Full

Selma Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chesertown ^{Town} 11th ^{County} **MARYLAND**

Date of death 1909 Feb ^{Month} 3 ^{Day} Age 72 ^{Years} Months Days

Sex Female Color or Race Col Birth-place Ind

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband William

Father's Name Isaac Brown Father's Birthplace Ind

Mother's Maiden Name Charlotte Foreman Mother's Birthplace Ind

Name of person giving Information Isaac Brown How related to deceased Brother

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Chronic Brights Several years ^{How long}

Immediate Coma 2 days ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. G. Simpson

Address Chesertown

Accident or Suicide No

James M E
J. E. F.

Name
in
Full

Rachel Marie Carden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Milford* ^{Town} *Kent* ^{County} **MARYLAND**

Date of death *1909 Feb.* ^{Month} *7* ^{Day} *1* ^{Year} *2* ^{Months} *—* ^{Days}

Sex *Female* Color *White* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *S.* Name of Wife or Husband *—*

Father's Name *Benjamin Hopper Carden* Father's Birthplace *Kent Co md*

Mother's Maiden Name *Netta Agnes Donlin* Mother's Birthplace *Talbot Co, md*

Name of person giving Information *"* *"* *"* How related to deceased *Mother*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Memorized* How long *1 year.*

Immediate *Corruption* How long *5 min.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank W. Smith MD*

Address *Garber md*

Accident or Suicide *Sw.*

Chester Conn

J. E. H.

Chas L Dodd

Name
in
Full

Leslie Henry Harris

CERTIFICATE OF DEATH

Died at ^{Town} near Tanber ^{County} Kent. MARYLAND

Date of death 1909 ^{Month} Feb. ^{Day} 15 ^{Age} 64 ^{Years} ^{Months} 9 ^{Days} —

Sex Male ^{Color or Race} African ^{Birth-place} Ind

Occupation Farm laborer ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Emma V. Wilborn.

Father's Name Leslie Harris ^{Father's Birthplace} Kent Co Md

Mother's Maiden Name Silas (Harris) ^{Mother's Birthplace} Newca Ind,

Name of person giving Information Rebecca Harris ^{How related to deceased} Daughter

CAUSES OF DEATH

10

Primary Chronic Interstitial Nephritis ^{How long} 7 years

Immediate Influenza ^{How long} 1 week.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Franklin Smith

Address

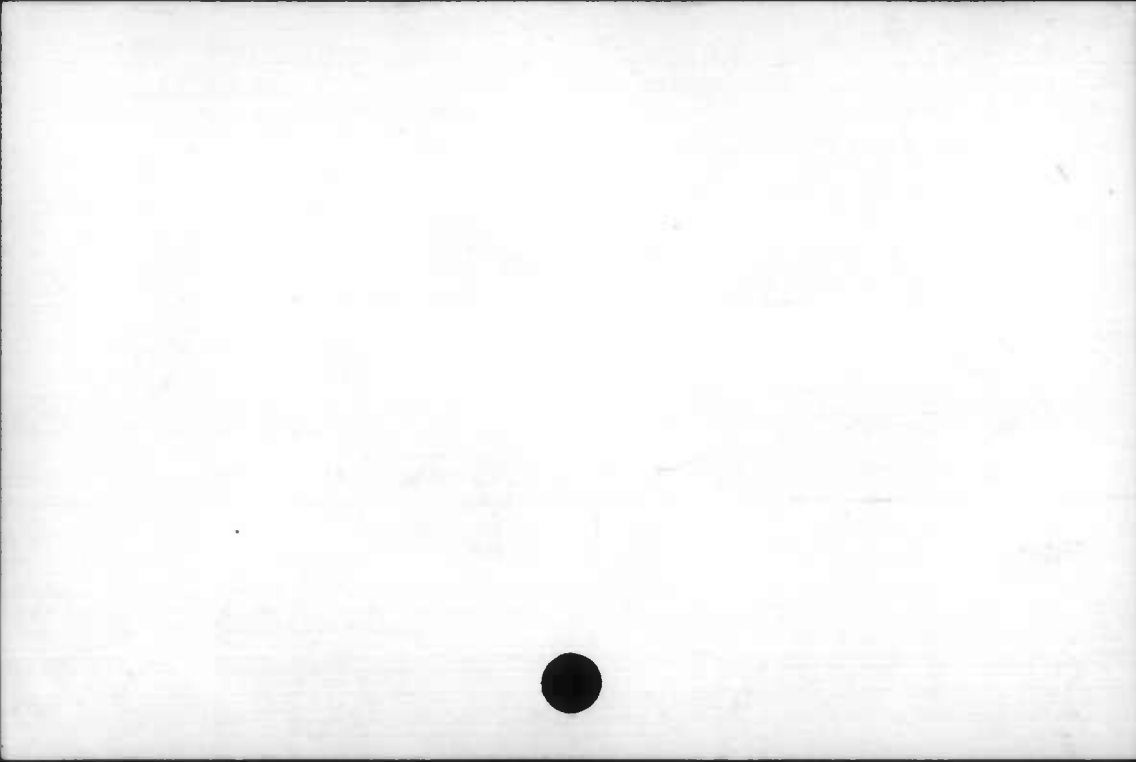
Tanber
Orestetown # 3 Ind.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Still Born. infant Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond neck Town Kent MARYLAND

Date of death 1909 Feb 21 Age — Years — Months — Days

Sex male Color or Race white Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name James Harris Father's Birthplace md

Mother's Maiden Name Catherine Parsons Mother's Birthplace md

Name of person giving Information James Harris How related to deceased father

CAUSES OF DEATH

Primary Still Born. How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician W.S. Maxwell.

Address Still Pond Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Still Pond.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

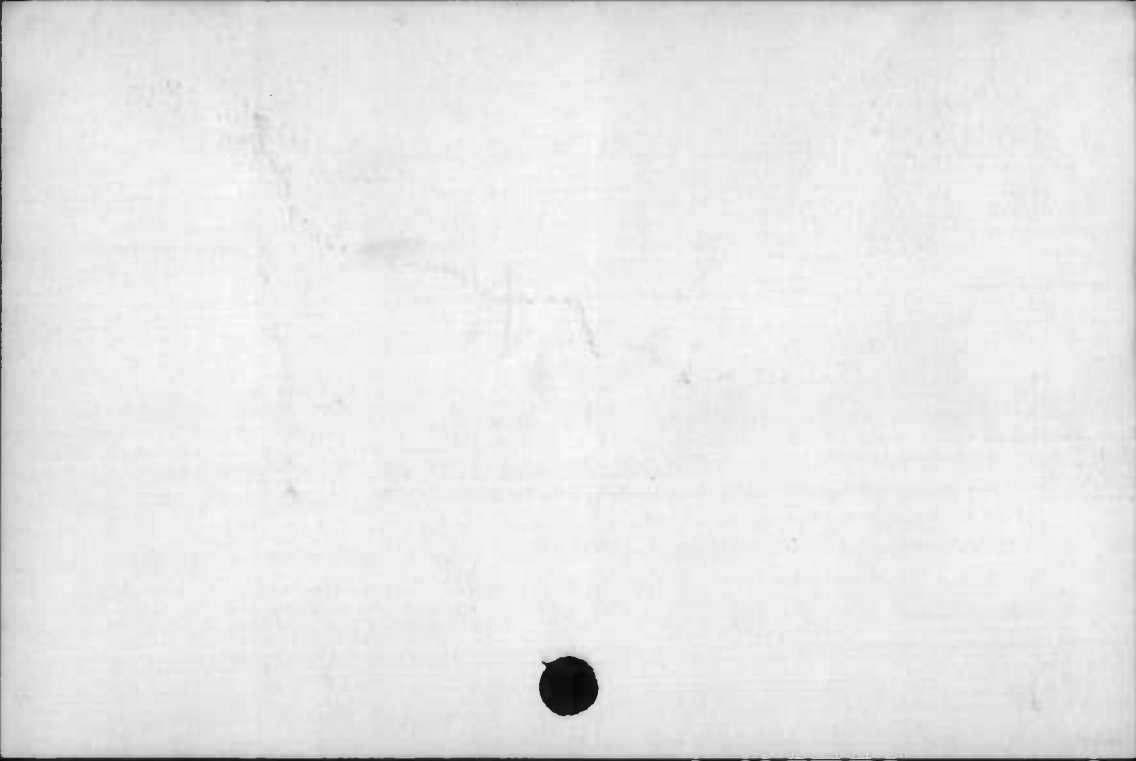
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb.	19	53			
Sex	Female	Color or Race	Black	Birth-place	Sassafras, Md.		
Occupation	Hvb.			Where Residing if not at place of death	Sassafras, Md.		
Married, Single or Widowed	Married		Name of Wife or Husband	Alex. Hazelton			
Father's Name	Philip Brown				Father's Birthplace	Not known.	
Mother's Maiden Name	Elby Kennard				Mother's Birthplace	Not known.	
Name of person giving information	George Brown				How related to deceased	Son.	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	7 days.
Immediate	Pneumonia	How long	7 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. A. Ritchie
		Address	Middleton, Md.
Accident or Suicide?	—		



Name
in
Full

Victoria Kazolsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Boston Point ^{County} West

Date of death 1909 Feb 6 Age 28 Months — Days —

Sex Female Color or Race White Birthplace Russia

Occupation Housewife Where Residing if not at place of death at M. Goldman

Married, Single or Widowed Married Name of Wife or Husband Julius Kazolsky

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information Simon Goldman How related to deceased No.

CAUSES OF DEATH

136

Primary Fractured Pelvis. How long

Immediate Rupture of Uterus during labor. How long 15 hours

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Frank Smith

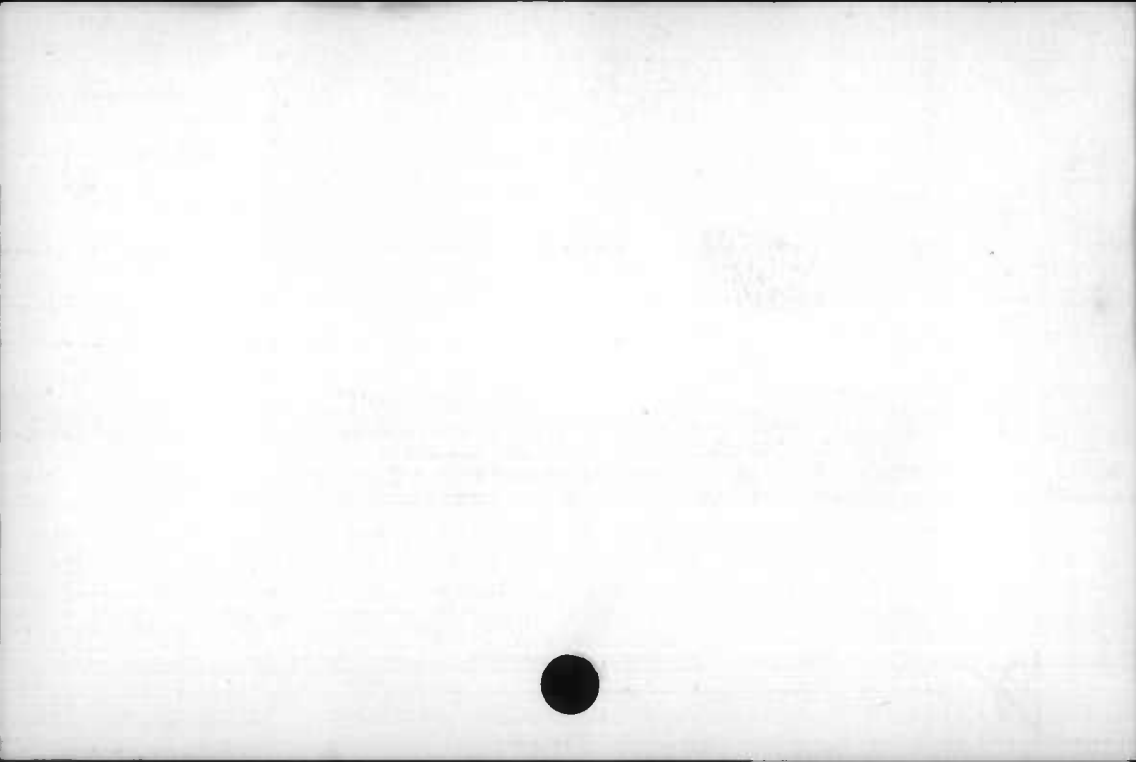
Address 12nd

Accident or Suicide No.

PHYSICIAN
OR CORONER



Name in Full		Jola Pearl Moffett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rock Hall		County Kent		MARYLAND
	Date of death		1909	Month Feb	Day 12	Age 32	Months 5
	Sex		Female		Color or Race White		Birth-place Kent-Co Md
	Occupation		House Keeper		Where Residing if not at place of death		
	Married, Single or Widowed		Widowed		Name of Wife or Husband George W Moffett		
	Father's Name		William H Jones		Father's Birthplace Kent-Co Md		
	Mother's Maiden Name		Sarah E Haguel		Mother's Birthplace Kent-Co Md		
	Name of person giving information		William H Jones		How related to deceased Father		
4		CAUSES OF DEATH			179		
PHYSICIAN OR CORONER	Primary		Dyspnoea		How long 4 months		
	Immediate		Exhaustion		How long 10 days		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Dr. W. Beall		
	8		Address Rock Hall Md		Accident or Suicide?		



Name
in
Full

Francis Anastasia Quinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Galena</i> ^{Town}	^{County} <i>Kent</i>		MARYLAND	
Date of death 1909	Month <i>Feb.</i>	Day <i>25</i>	Years <i>Age 32</i>	Months <i>11</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Kent Co., Md.</i>		
Occupation <i>House-wife</i>	Where Residing if not at place of death <i>at home near Galena</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John T. Quinn</i>			
Father's Name <i>Bernard J. Guckanley</i>	Father's Birthplace <i>Philadelphia, Penna.</i>			
Mother's Maiden Name <i>Elvira A. Guckanley</i>	Mother's Birthplace <i>Kent Co., Md.</i>			
Name of person giving Information <i>Bernard J. Guckanley</i>	How related to deceased <i>Father</i>			

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary <i>Pregnancy</i>	How long <i>9 wks.</i>
Immediate <i>Oedema of lungs</i>	How long <i>only a few hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. A. Scott & J. W. Latimer</i>
<i>X</i> Accident or Suicide	Address <i>Galena, Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Quinn

Died at *near Galena Md* *Kent Co.* **MARYLAND**

Town County

Date of death 1909 *Feb* *25* Age *Years* *Months* *Days*

Sex *Male* Color or Race *White* Birth-place *_____*

Occupation *_____* Where Residing if not at place of death *_____*

Married, Single or Widowed *_____* Name of Wife or Husband *_____*

Father's Name *John T. Quinn* Father's Birthplace *Kent Co.*

Mother's Maiden Name *Anastasia McCrueley* Mother's Birthplace *Kent Co.*

Name of person giving Information *John T. Quinn* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. A. Scott & J. W. Latimer

Galena

Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

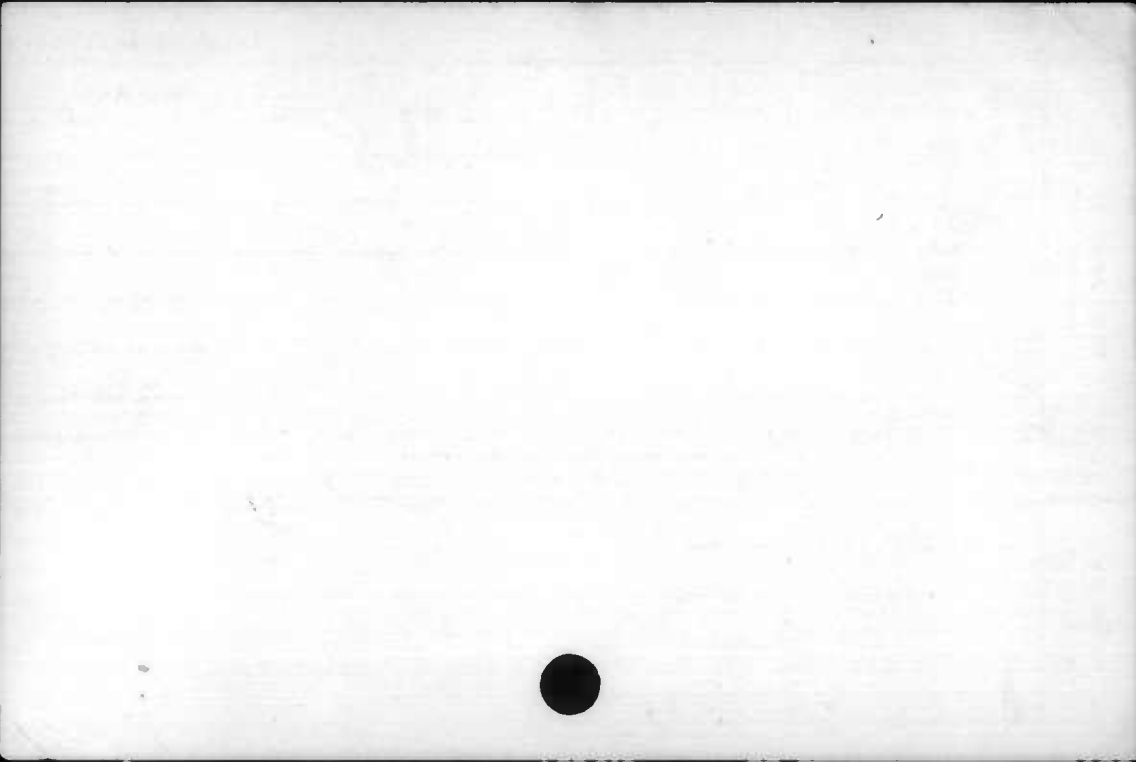
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elizabeth Robinson</i>		Town <i>near Millington</i>		County <i>Keokuk</i>		State <i>MARYLAND</i>	
Died at		Month <i>Feb</i>		Day <i>18</i>		Year <i>1909</i>	
Date of death		Age <i>10</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Millington Md</i>			
Occupation <i>child</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Alfred N. Robinson</i>		Father's Birthplace <i>Frederick Anne Co</i>					
Mother's Maiden Name <i>Julia Elizabeth Dixon</i>		Mother's Birthplace <i>Frederick Anne Co</i>					
Name of person giving Information <i>A. N. Robinson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Perinatal Birth</i>	<i>151</i>	How long	<i>—</i>
Immediate	<i>Natural cause</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. P. Towne M.D.</i>		
Accident or Suicide <i>—</i>		Address <i>Millington Md.</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sassaparilla</i> Town		<i>Kent.</i> County		MARYLAND	
Date of death	1909	Month	<i>Feb.</i>	Day	<i>5</i>
Age	<i>2</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Sassaparilla, Md.</i>
Occupation	<i>Infant.</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>John Robinson</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Annie Byard</i>			Mother's Birthplace	<i>Cecil Co. Md.</i>
Name of person giving information	<i>Alex. Hazelton</i>			How related to deceased	<i>Step-Grand father</i>

9

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-pneumonia.</i>	How long	<i>1 wk.</i>
Immediate	<i>Same</i>	How long	<i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. S. Ritchie</i>
		Address	<i>Middle town. Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Marion States* Town *Chestertown* County *Kent* MARYLAND

Died at *Chestertown*

Date of death 1909 Month *4* Day *3* Age *0* Months *3* Days *0*

Sex *Male* Color or Race *Colored* Birthplace *Chester town*

Occupation *Infant* Where Residing if not at place of death *Chester town*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Wm States* Father's Birthplace *Va.*

Mother's Maiden Name *Mary Johnson* Mother's Birthplace *Bumona Md*

Name of person giving Information *Mary Cotton* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Rachitis* How long *all life*

Immediate *Pneumonia* How long *4 or 5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. Bruce Simmons*

Address *Chester town Md*

Accident or Suicide *No*

James M E

J.E.F.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

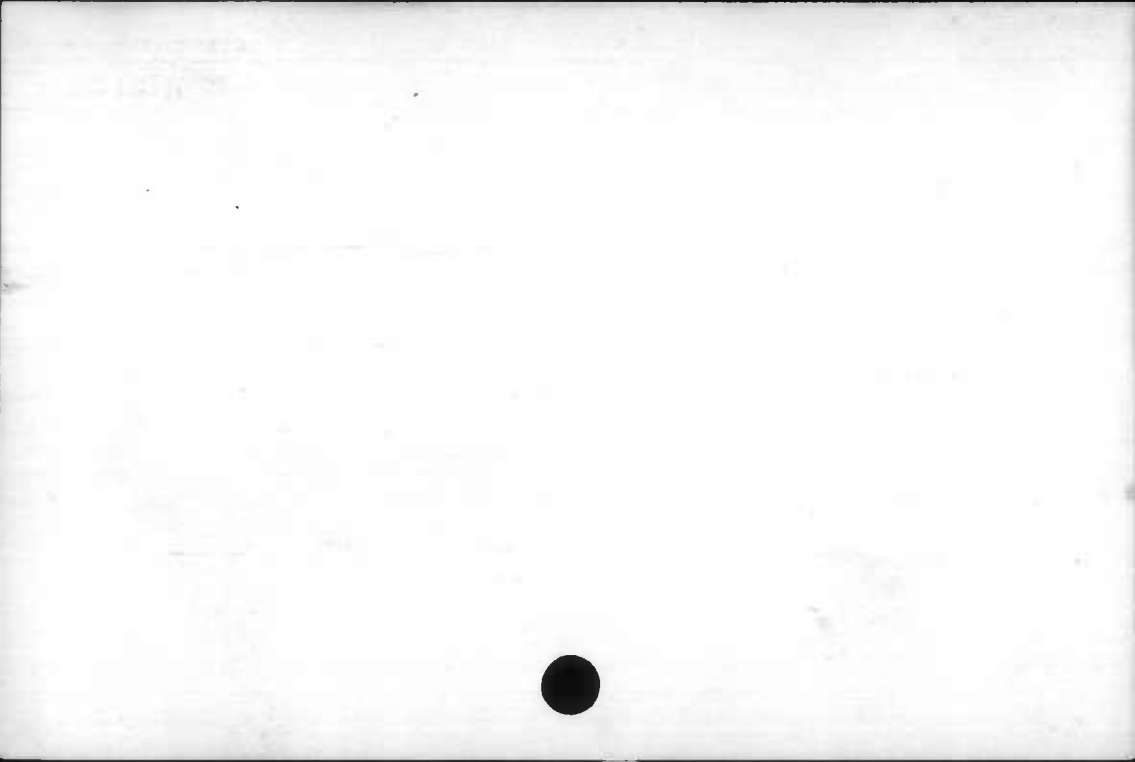
Died at <i>Millington</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	1909	Month	Feb	Day	26
Age	3	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Millington Md
Occupation	Child	Where Residing if not at place of death		at home	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John White	Father's Birthplace		Kent Co. Md	
Mother's Maiden Name	Mary Gault No	Mother's Birthplace		Maryland	
Name of person giving Information	John White	How related to deceased		Father	

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	<i>Submucular Adenitis</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L P Gorman M D</i>
Accident or Suicide		Address	<i>Millington Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

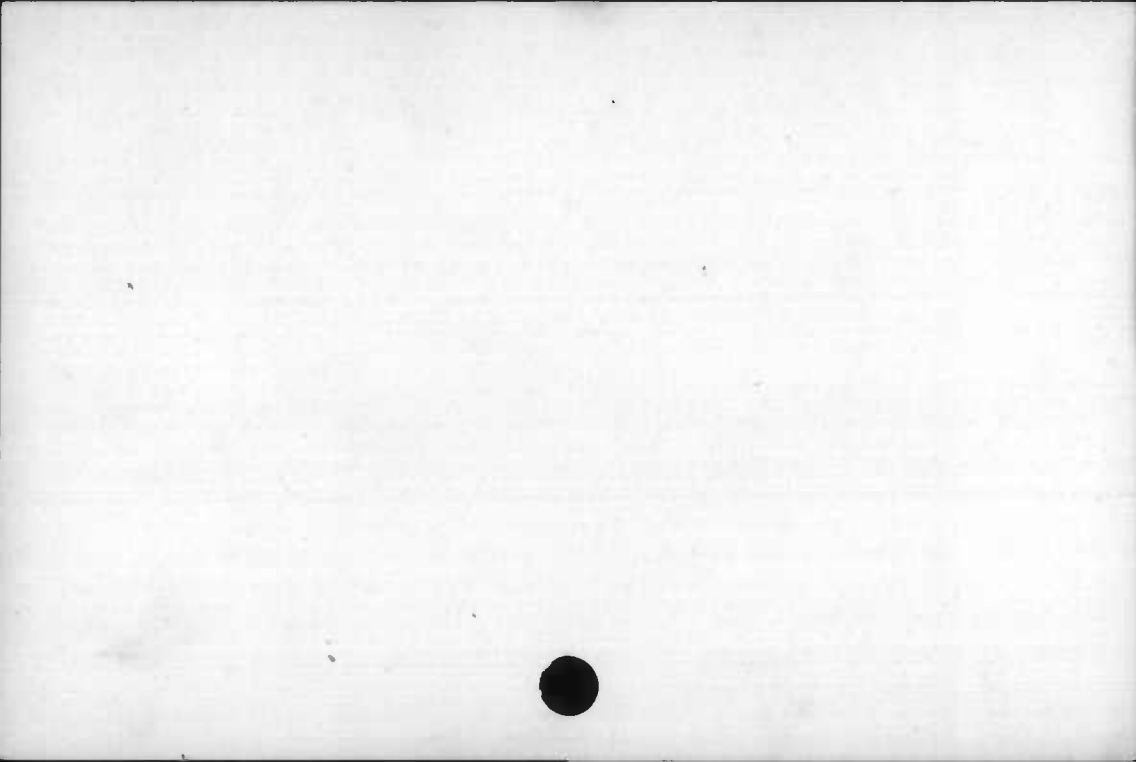
Died at		Town Washington		County Kent			
Date of death		Month	Day	Years	Months	Days	
1909		2	18	69			
Sex	Male	Color or Race	Colored		Birth-place	2 a co	
Occupation	Lawn Handy		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband Katherine Freeman				
Father's Name	Perry Wilmer				Father's Birthplace	Ind	
Mother's Maiden Name	Katherine				Mother's Birthplace	Ind	
Name of person giving information					How related to deceased	Ind	

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary	Lung cancer Fibrous jaw	How long	one year
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
7.5		Address H Carnegie 45 Washington	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

C. Columbus Wright
 Town *Locust Grove* County *Kent*
 Died at *Locust Grove* *Kent* **MARYLAND**

Date of death *1909* *Feb* *22* Age *65*
 Month Day Years Months Days

Sex *Male* Color or Race *Black* Birthplace *Georgia*

Occupation *Farm laborer* Where Residing if not at place of death *Locust Grove*

Married, Single or Widowed *Married* Name of Wife or Husband *Amanda Wright*

Father's Name *Dont know* Father's Birthplace *Dont know*

Mother's Maiden Name *Dont know* Mother's Birthplace *Dont know*

Name of person giving Information *Amanda Wright* How related to deceased *wife*

CAUSES OF DEATH

Primary *Grip* *one week*

Immediate *Heart failure* *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *G. Strom Bonurek*

Address *Kennedyville Md.*

8 Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

